U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

COLMS 9		
1. File Number U - 01719	2. Fiscal Year Covered From:	
	1 / [1 / [2005] Through: 12 / 31 / 2005	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Terence M O'Sullivan	Name [Laborers' International Union of North America.	
	Labor Organization File Number 000-131	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 905 - 16th St., N.W.	Street 905 - 16th St., N.W.	
City Washington	City Washington	
State District of Columbia ZIP Code + 4 20006	State District of Columbia ZIP Code + 4 20006	
5. Position in labor organization. General President		
A. Held an interest in, engaged in transactions (including loans) with, monetary value from an employer whose employees your organiz 6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
monetary value from an employer whose employees your organiz	zation represents or is actively seeking to represent.	
Name	7	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	7.b. Amount.	
-		
City		
State ZIP Code + 4		
s	ignature	
	of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the exection on penalties in the instructions.)	
Signed Janu M. O'Sullini	On 5/19/2006 202 737 8320	
	Date Telephone Number	

Name of Person Filing Terence O'Sullivan	File Number U- 01719
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name ULLICO Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name : Trade Name, if any:	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
* Series	As a Chairman & CEO ULLICO Inc
State ZIP Code + 4	1/25/05: meal with staff
	12.b. Amount. \$122
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

Name of I	Person	Filina	Terence	0.1	Sul	Liszar
maine ur	L CI 2011	CHRIS	rerence	0.	5111	1 1 V.A

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members.
State ZIP Code + 4	
State	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 2/24/05: meal with staff
	12.b. Amount. S200

Name of Person F	Filing Torongo	Olevillistar
INDING OF COSON I	mmy Terence	o siii ivar

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc.	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1625 Eye St., N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	As a Chairman & CEO ULLICO Inc
	2/26/05: meal with staff
	12.b. Amount. \$34

Name of Person Filing	Terence	0'811	livar
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc.	√ a. Labor Organization
Trade Name, if any:	A Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street:1625 Eye St., N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers'
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	3/11/05: Annual fee for credit card provided by ULLICO Inc. in capacity as its Chairman and CEO
	12.b. Amount. \$100

Name of Person Filing Tre	rence O'Sullivan
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Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. 3/25/05: Lodging expense incurred in capacity as ULLICO Inc. Chairman and CEO
	12.b. Amount. \$330

Name of Person Filing	Terence	O'Sullivan
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc.	a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1625 Eye St., N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers'
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	3/30/05: Transportation expense incurred in capacity as ULLICO Inc. Chairman and CEO
	12.b. Amount. \$142

Name of Person Filing	Terence	O'Sullivar

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members.
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 4/24/05: meal with staff
	12.b. Amount. \$128

Name of Person Filing Terence O'Sulliv	Name of Person I	Filing	Terence	O'Sulliva
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Part B Continuation Page

8. Name and address of Business (including trade name, if any). Name JULLICO Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 JIP		
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Itherational Union of North America, its affiliates and its members. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO UILLICO Inc 5/11: meal with staff	8. Name and address of Business (including trade name, if any).	9. Business deals with:
Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1625 Eye St., N.W. City Washington State [District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. I.a. a. Alture of interest held or income received.	Name ULLICO Inc.	. S. Labor Organization
Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members. Street City State ZIP Code + 4 11.b. Approximate dellar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 5/11: meal with staff	Trade Name, if any:	A state of games and
City Washington State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members. Street City 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CRO ULLICO Inc 5/11: meal with staff	P.O. Box, Bldg., Room No., if any	b. Trust
State District of Columbia ZIP Code + 4 20006 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 11.b. Approximate dollar value of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CBO ULLICO Inc 5/11: meal with staff	Street 1625 Eye St., N.W.	c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 11.a. Nature of such dealing. ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 5/11: meal with staff	City Washington	
Name Companies Companies	State District of Columbia ZIP Code + 4 20006	
Trade Name, If any: P.O. Box, Bldg., Room No., if any Street City State JZIP Code + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 5/11: meal with staff	10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Coxle + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 5/11: meal with staff	Name	multi-line insurance, financial services and
Street City State ZIP Coxle + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CBO ULLICO Inc 5/11: meal with staff	Trade Name, if any:	International Union of North America, its
State ZIP Coxle + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 5/11: meal with staff	P.O. Box, Bldg., Room No., if any	
State ZIP Coxle + 4 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 5/11: meal with staff	Street	
12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc 5/11: meal with staff	City	
As a Chairman & CEO ULLICO Inc 5/11: meal with staff	State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
5/11: meal with staff		12.a. Nature of interest held or income received.
		As a Chairman & CEO ULLICO Inc
12.b. Amount. \$60		5/11: meal with staff
12.b. Amount. \$60		
		12.b. Amount. \$60

Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc.	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	i i i i i i i i i i i i i i i i i i i
Street 1625 Eye St., N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers'
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	As a Chairman & CEO ULLICO Inc
	6/7/05: meal with staff
	12.b. Amount. \$60

Name of Person Filing	Terence	O'Sullivar

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Eye St., N.W. City Washington State District of Columbia ZIP Code + 4 20006	a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers' International Union of North America, its affiliates and its members. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
	6/12/05: Lodging expense incurred in capacity as ULLICO Inc. Chairman and CEO
	12.b. Amount. \$64

Name of Person Filing Teren	nce O'Suli	ivar
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc.	ஓ் a. Labor Organization
Trade Name, if any:	S. Casor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1625 Eye St., N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers'
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received. As a Chairman & CEO ULLICO Inc
	11/1/05: meal with staff
	12.b. Amount. \$33

	Name of Person Filing	Terence	O'Sulliva
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc.	¹∑ a. Labor Organization
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1625 Eye St., N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers'
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	As a Chairman & CEO ULLICO Inc
	11/7/05: meal with staff
	12.b. Amount. \$129

Name of Person Filing Ten	ence O'Sullivan
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Part B Continuation Page

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc.	🗙 a. Labor Organization
Trade Name, if any:	an Ludon organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1625 Eye St., N.W.	्री c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers'
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State; ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	As a Chairman & CEO ULLICO Inc
	11/10/05: meal with staff
	12.b. Amount. \$24

Name of Person Filing	Terence	O Gul 1	Lizzan

Part B Continuation Page

Name and address of Business (including trade name, if any).	9. Business deals with:
Name ULLICO Inc. Trade Name, if any:	X [↑] a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 1625 Eye St., N.W.	c. Employer
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	ULLICO, through its subsidiary companies, provides multi-line insurance, financial services and administrative products to the Laborers'
Trade Name, if any:	International Union of North America, its affiliates and its members.
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	11/11/05: Transportation expense incurred in capacity as ULLICO Inc. Chairman and CEO
	12.b. Amount. \$1,367

Name of Person Filing	Terence	O'Sullivan
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Part B Continuation Page

8. Name and address of Business (including trade name, if any). Name ULLICO Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1625 Eye St., N.W. 9. Business deals with: a. Labor Organization b. Trust c. Employer	
Trade Name, if any: P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any	
Street 1625 Eye St., N.W.	
City Washington	
State District of Columbia ZIP Code + 4 20006	
10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing.	
Name ULLICO, through its subsidiary companies, pro- multi-line insurance, financial services and administrative products to the Laborers'	ides ·
Trade Name, if any: International Union of North America, its affiliates and its members.	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4 11.b. Approximate dollar value of such dealing.	
12.a. Nature of interest held or income received.	
As a Chairman & CEO ULLICO Inc	
12/15/05: meal with staff	
12.b. Amount.	\$36

Name of Person Filing	Terence	O'Sullivan
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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8. Name a	nd address of Business (incl	uding trade name, if any).	9. Business deals with:	
Name U	LLICO Inc.	, economical contractions	A CONTRACT OF STREET	
	/A A == AA /A /A #AA /AA /A /A /A /A /A /A		a. Labor Organization	
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P.O. Box	, Bldg., Room No., if any	and the state of the state of	mongraphic medicities with and such and such	
Street 1				
City wa	- Hidnerna P;	was to be sufficient the same of	and the country of the control of th	
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State Di	strict of Columbia	ZIP Code + 4 20006		
	r 9.c. is checked give trust or e		11.a. Nature of such dealing.	
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Trade Na	ime, if any: • • • 1 \$635 • .	3. years South	International Union of North America, its	
D O D	Who Bit he stonely	The years of the second	affiliates and its members.	1
P.O. Box,		, pries kourdedance mit		
Street		mai ry of the closucy		l
0:- [(4)	or hala value of less	(than \$250).	
City			When the profession was to the second	
State	ADI ADIAN	ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
t 	R Sagar	as in 2005, 1 south	12.a. Nature of interest held or income received.	
ļ	union, form	millione's as a fruit insi	As a Chairman & CEO, ULLICO Inc	
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		and the state of the	ila i di di	
	2.50 (See See See See See See See See See Se	Compared to the State of the State of	no control of the second	
	Same the contract		i2.b. Amount. \$1,6	549
·			<u> </u>	

TERENCE M. O'SULLIVAN

File Number U – 01719

Laborers' International Union of North America, Organization File Number 000-131

Fiscal Year Covered From: 1/1/05 through 12/31/05

addendum a jusquicited gifts or fromotional items)

On several occasions in 2005, I recall that I was given complimentary promotional items, such as a clothing item, excessory or printed material with the Labraers' Interactional Union of North America logo, etc. At no time did I colicit such items, and they were cant to my office without my prior knowledge or authorization. I did not retain promotion of any of these items and did any member of my family. I have no knowledge as to the value of the items, and do not recall the manufacturer or provider of such items. Each of these items bad a value of less than \$250.

ADDINOVIM D (UNEDLICITED EDLIDAY CHTE)

On several executions in 2005, particularly during bolishy necessar, I recall that I was given compliantatory items. At no time did I colicit such items and they were exet to my office without my prior handledge or authorization. With limited exceptions, I did not retain presention of any of these items, as I shared them with the individuals in my office. Each of these items had a value of less than \$250.

ADDENDUM C (UNSDLECTED GIFTS - HOTEL)

On several consistent in 2005, I recall complimentary gifts were sent without my request, to my hotel room, such as a fruit basket, cheese basket, bottle of wine or spirits, etc. Each of these items had a value of less than \$250.

ADDENDUM D JUNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2005 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), my employer, or other labor organizations. My understanding of guidance received by the AFL-CIO from the Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance. Moreover, each of these items had a value of less than \$250.





Terence M. O'Sullivan
General President
Laborers' International Union of North America
905 16th St, N.W.
Washington, D.C. 20006

May 19, 2006

U.S. Department of Labor Employee Standards Administration Office of Labor-Management Standards 200 Constitution Avenue, N.W. Room N-5616 Washington, D.C. 20210

Re: Form LM-30 Filing for Terence M. O'Sullivan, U - 01719,

Labor Organization File No. 000-131

Dear Sir or Medam:

Enclosed is my LM-30: Labor Organization Officer and Employee Report for the 2005 reporting period. In filing this report, I have reviewed all of my available 2005 records as well as my recollection of benefits I may have received.

This filing is four days beyond the deadline set by the Department in its March 7, 2006, advisory. The delay is through inadvertence. In preparing this filing it was discovered that an outside vendor had provided inconsistent information with respect to a minor matter. That discrepancy has now been reconciled and the correct figure is reflected on the filing herein.

It was not until March of 2005 that the Department of Labor announced its intention to provide additional guidance to the reporting community concerning the LM-30 report and to seek systemic compliance with those requirements. Since that time the Department has continued to issue and revise its compliance advice, including guidance regarding related benefits funds. The Department has provided additional guidance in 2006.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so I have relied upon the advice of legal counsel and the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all benefits that I received in 2005 that arguably come within the reporting obligations. By reporting any items on this LM-30 Report, I do not concede that any of the items must be reported under 29 U.S.C. §432, or that I did not receive such items within the provisions of 29 U.S.C. §186(c).

Sincerely,

Terence M. O'Sullivan

Frem M. O'Sellini

Enclosure